

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524

APPLICATION FOR RETIREMENT
ALTERNATE BENEFIT PROGRAM

PART ONE: Member Information - Please print or type clearly.

1. Name (LAST, FIRST, MIDDLE INITIAL) _____
2. Home Address (STREET, APT #, CITY, STATE, ZIP) _____

3. Daytime Phone No. _____
4. Date of Birth (MONTH, DAY, YEAR) _____
5. Social Security Number _____
6. Date of retirement for immediate disbursement _____
7. Have you filed an application for retirement benefits with your carrier? ☐ Yes ☐ No
8. Is the distribution from a Supplemental Retirement Annuity? ☐ Yes ☐ No
9. Investment Carrier(s):
_____ AIG - VALIC
_____ Equitable
_____ The Hartford
_____ ING
_____ Met Life (formerly Travelers/CitiStreet)
_____ TIAA/CREF

PART TWO: CERTIFICATION OF EMPLOYING AGENCY - Please print or type clearly.

1. Employing Institution _____
2. Employer's Location Number _____
3. Employee's Membership No. _____
4. Last Day Employee Worked (month, day ,year) _____
5. Final 12 month's salary _____

Signature of Certifying Officer

Date

FOR DIVISION USE ONLY:

Years of Service _____ Base Salary (preceding 12 months) _____